

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	TSM02-0936
	First Inventor	Lin
	Title	Method of Making an Attenuated Phase-Shifting Mask from a Mask Blank
	Express Mail Label No.	EV339467049US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
 See 37 CFR 1.27.
3. ☒ Specification [Total Pages 24]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Sheets 1]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

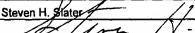
9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Attorney ☐ Power of Attorney *(when there is an assignee)*
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15. ☐ Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____
 For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	25962			OR	<input type="checkbox"/> Correspondence address below
Name	Slater & Matsil, L.L.P.				
Address	17950 Preston Rd.				
City	Suite 1000	State	Texas	Zip Code	75252-5793
Country	Dallas	Telephone	972-732-1001	Fax	972-732-9218
Name (Print/Type)	Steven H. Slater			Registration No. (Attorney/Agent)	35,361
Signature				Date	August 27, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/649310
09/27/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>TBD</td></tr> <tr><td>Filing Date</td><td>Herewith</td></tr> <tr><td>First Named Inventor</td><td>Lin</td></tr> <tr><td>Examiner Name</td><td>TBD</td></tr> <tr><td>Art Unit</td><td>TBD</td></tr> <tr><td>Attorney Docket No.</td><td>TSM02-0936</td></tr> </table>		Application Number	TBD	Filing Date	Herewith	First Named Inventor	Lin	Examiner Name	TBD	Art Unit	TBD	Attorney Docket No.	TSM02-0936
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Deposit Account Number</td><td>50-1065</td></tr> <tr><td>Deposit Account Name</td><td>Slater & Matsil, L.L.P.</td></tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to be above-identified deposit account. </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001 375 Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002 165 Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003 260 Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004 375 Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005 80 Provisional filing fee</td><td></td></tr> <tr><td colspan="3" style="text-align: right;">SUBTOTAL (1)</td><td>(\$) 750.00</td></tr> </tbody> </table> <p>2. 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<p>SUBMITTED BY</p> <p>Name (Print/Type) Steven H. Slater</p> <p>Signature <i>[Signature]</i></p>		<p>Registration No. (Attorney/Agent) 35,361</p> <p>Telephone 972-732-1001</p> <p>Date August 27, 2003</p>	
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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Applicant:	Lin	Docket No.:	TSM02-0936
Serial No.:	TBD	Art Unit:	TBD
Filed:	Herewith	Examiner:	TBD
For:	Method of Making an Attenuated Phase-Shifting Mask from a Mask Blank		

Slater & Matsil, L.L.P.
17950 Preston Rd., Suite 1000
Dallas, Texas 75252-5793
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